

**REQUEST FOR CREDIT AT A SPECIAL PROGRAM/IN-HOUSE CLE ACTIVITY OUTSIDE OHIO  
(CCLE Form 1(b))**

[Instructions for Attorneys to Add CLE Credits through Attorney Portal](#)

Date Received by Registration and Continuing  
Legal Education (CLE) Section

**INSTRUCTIONS**

If the activity has not been pre-approved in Ohio, this form must be accompanied by a completed Application for Accreditation of a Special Program (Form 8) when applying for post-program approval. If pre-approval of an activity is being sought, this Form 1(b) is not valid until after you attend. You may not request credit for attendance before you have actually attended.

**ATTORNEY INFORMATION**

Ohio Registration Number:

Name of Attorney:

Address:

Telephone Number:

Email Address:

**ACTIVITY INFORMATION**

Ohio Activity Code Number:

Sponsor of CLE Activity:

Title of CLE Activity:

Date and Location of CLE Activity:

Total Credit Hours Attended:

Please provide breakdown of total hours requested. Failure to provide breakdown will result in the form being returned.

General Hours                      Professional Conduct Credit Hours

I hereby affirm that I have attended the above presentation for the number of hours stated above.

Attorney Signature \_\_\_\_\_

Date \_\_\_\_\_